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NOTICE OF FILING / CLAIM FEE(S) DUE
(CALCULATION SHEET)

APPLICATION NUMBER: 09/520123

Total Fee Calculation

Fee Code	Total # Claims	Number Extra	X	Fee	Fee	Total
Small						
Basic Filing Fee	<u>204101</u>				<u>690.00</u>	<u>690.00</u>
Total Claims > 20	<u>204101</u>	<u>26</u>	- <u>6</u>	X	<u>18.00</u>	<u>108.00</u>
Independent Claims > 3	<u>204101</u>	<u>2</u>	- <u>1</u>	X		
Multi. Dep. Claim Present	<u>204104</u>					
Surcharge	<u>204101</u>				<u>130.00</u>	<u>130.00</u>
English Translation	<u>119</u>					

TOTAL FEE CALCULATION

928.00

Fees due upon filing the application.

Total Filing Fees Due = \$ 928.00

Less Filing Fees Submitted = \$ 0

BALANCE DUE = \$ 928.00

Sherry Davis
Office of Initial Patent Examination

PATENT APPLICATION FEE DETERMINATION RECORD
Effective December 29, 1999

Application or Docket Number

09/520/23

CLAIMS AS FILED - PART I

(Column 1) (Column 2)

FOR	NUMBER FILED	NUMBER EXTRA
BASIC FEE		
TOTAL CLAIMS	26	minus 20 = * 6
INDEPENDENT CLAIMS	2	minus 3 = *
MULTIPLE DEPENDENT CLAIM PRESENT		N

* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

(Column 1) (Column 2) (Column 3)

AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	Minus	** 26	= C
Independent	*	Minus	*** 3	= O
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				

SMALL ENTITY
TYPE

**OTHER THAN
SMALL ENTITY**
OR

RATE	FEES	RATE	FEES
	345.00		690.00
X\$ 9=		X\$18=	108
X39=		X78=	1
+130=		+260=	1
TOTAL		TOTAL	798

**OTHER THAN
SMALL ENTITY**
OR

RATE	ADDI- TIONAL FEE	RATE	ADDI- TIONAL FEE
X\$ 9=		X\$18=	
X39=		X78=	
+130=		+260=	
TOTAL ADDT. FEE		TOTAL ADDT. FEE	

(Column 1) (Column 2) (Column 3)

AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	Minus	**	=
Independent	*	Minus	***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				

**ADDI-
TIONAL
FEE**

RATE	ADDI- TIONAL FEE	RATE	ADDI- TIONAL FEE
X\$ 9=		X\$18=	
X39=		X78=	
+130=		+260=	
TOTAL ADDT. FEE		TOTAL ADDT. FEE	

(Column 1) (Column 2) (Column 3)

AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	Minus	**	=
Independent	*	Minus	***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				

**ADDI-
TIONAL
FEE**

RATE	ADDI- TIONAL FEE	RATE	ADDI- TIONAL FEE
X\$ 9=		X\$18=	
X39=		X78=	
+130=		+260=	
TOTAL ADDT. FEE		TOTAL ADDT. FEE	

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.